		-		
CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN				Pos
Is This Report an Amendment: Yes No				Recolved The 2 Man To
Instructions for completing schedules are on the back of each schedule.				dia JUL -22
COMMITTEE IDENTIFICATION				THE TOPO ST
Name of Committee Chery Barker for Register Street Address 517 124 Ave	FICE USE ONLY			
City, State and Zip Code CITY BAY LOT SHOOT	3			
Please check if address is different than previously reported, and c	complete the Campaign Reg	istration State	ment in the b	ack of this form.
NAME OF REPORT		Bosonia		
January Continuing Pre-Primary Pre-Election	☐ Spring F	fall :	Special	Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Colun Caler	THE PARTY OF THE P	
1. RECEIPTS	1 1112 E CHOU	Year-To		
1A. Contributions (Including Loans) from Individuals	s <i>O</i>	\$ C	>	
Contributions from Committees (Transfers-In)	\$ 0	s O)	
1C. Other Income and Commercial Loans	s O	\$ <i>O</i>		
TOTAL RECEIPTS (Add totals from 1A, 1B and IC)	\$ 0	\$ O		
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 315.23	\$ 315	5.23	
2B. Contributions to Committees (Transfers-Out)	\$	\$		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 315.03	\$ 315	.23	
CASH SUMMARY				
Cash Balance Beginning of Report	\$ 837.66			
Total Receipts	\$ 0	1		
Subtotal	\$ 837-66			
Total Disbursements	\$ 3(5, 23			
CASH BALANCE END OF REPORT	\$ 522.43	The state of the s		
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$			
LOANS (Balance at the Close of This Period-3B)	\$]		
I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.				

Chery borker Email Chery hockers gray 1. Capplaytime Phone: 920-4719110

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0504, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.

Type or Print Name of Candidate or Treasurer



SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures



Page 2 of 2

Complete Committee Name tor Instructions for completing schedules are on the back of each schedule. Full Name, Mailing Address and Zip Code
Of Person or Business to Whom Payment is Made Specific Purpose of Expenditure Amount Stamps for MAITINGS Nomination forms Check if: In-Kind Offset Check if: In-Kind Offset Check if: In-Kind Offset Check if: [In-Kind Offset Check if: In-Kind Offset Check if: In-Kind Offset SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE TOTAL ITEMIZED EXPENDITURES TOTAL UNITEMIZED EXPENDITURES ***End of Report*** TOTAL EXPENDITURES



Campaign Finance Report Short Form ETHCF-2a	Ethics ID Number				
P Spring P Fall P Special Pre-Primary PC	ontinuing Report due Jan. 15,				
P Spring P Fall P Special Pre-Election	ontinuing Report due July 15, 12020				
PC	onthuing Report due 4th Tues Sept.,				
Maine of Candidate of Committee (in full)	PERNOT FOR TRUM County EXECUTIVE Name of Candidate or Committee (in Pull) 1044 WR16 HTSTOWN PD DE PERE W. SAIK Address 920. 246-5729				
certify that the above named committee or candidate did not receive contributions or other income, make lisbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.					
Signature of Committee Treasurer or Candidate Date, Email Address The Beans Mar Q UAStra Committee Commit					
ETHCP-2a Rev 01/2016 Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 Phone: 608-261-2028 Fax: 608-264-9319 Web: https://efis.wi.gov Email: GABCFIS@wi.gov					

Short Form for use "No Activity" Reporting

End of Report

CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN				200	
Is This Report an Amendment:	■ No		1	Received	
Instructions for completing schedules are on the back	of each schedule.		P.J.	7.7	
COMMITTEE IDENTIFICATION			1	2020	
Friends of Megan Borchardt			10.6	Pown Court Co	
1146 9th Street			OFI	FICE USE ONLY	
City, State and Zip Code Green Bay, V	VI 54304				
Please check if address is different than previously reported, and	complete the Campaign Reg	istration State	ment in the b	ack of this form.	
NAME OF REPORT					
January Continuing Pre-Primary July Continuing 2020 September Continuing Pre-Election	Spring F	fall 🗌 S	Special	Termination Report also complete Schedule 4	
SUMMARY OF RECEIPTS AND	Column A	Colur	nn B		
DISBURSEMENTS	This Period	Cale			
1. RECEIPTS		Year-Te	o-Date		
1A. Contributions (Including Loans) from Individuals	\$ 0	\$1285.00)		
1B. Contributions from Committees (Transfers-In)	\$0	\$ 0			
1C. Other Income and Commercial Loans	\$ 0	\$ 0			
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$0	\$1285.0	0		
2. DISBURSEMENTS					
2A. Gross Expenditures	\$ 0	\$473.33			
2B. Contributions to Committees (Transfers-Out)	\$500.00	\$500.00			
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$500.00	\$973.33			
CASH SUMMARY					
Cash Balance Beginning of Report	\$854.15				
Total Receipts	\$0				
Subtotal	\$854.15				
Total Disbursements	\$500.00				
CASH BALANCE END OF REPORT	\$354.15				
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0				
LOANS (Balance at the Close of This Period-3B)	§ O]			

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date: 7/14/2020
Elizabeth Hudak	Email megan.borchardt@brown.wi.us	3 Daytime Phone: 920-393-8842

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.



DISBURSEMENTS Contributions To Committees (Transfers-Out)

	1	1
Page _	<u>.</u> 0	f

Complete Committee Name		
Friends of Megan	Borchardt	

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
04/24/2020	Friends of Kathy Hinkfuss, 525 Antelope Trail, GB, WI 54313	200.00	200.00
	Check if: ☐ In-Kind ☐ Loan		
04/24/2020	Staush for Assembly, 1715 Deckner Ave, GB, WI 54302	200.00	200.00
	Check if: In-Kind Loan		
04/24/2020	Amanda Stuck for Congress, Box 2443, Appleton, WI 54912	100.00	100.00
	Check if: 🖸 In-Kind 🖂 Loan		
	Check if: In-Kind		
	CHECK II. EL INFANTA (E. COMI		
	Check if: 🖸 In-Kind 🖺 Loan		,
	Check if: ☐ In-Kind ☐ Loan		
	Check if: 🔲 In-Kind 🗀 Loan		
	Check if: ☐ In-Kind ☐ Loan		
	Check if: 🖂 In-Kind 🔯 Loan	FOC. 0.0	F00.00
	SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE	\$ 500.00	500.00
	TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES	\$ 500.00	500.00



Campaign Finance Report Short Form ETHCF-2a	Ethics ID Nun	nber	
O Spring O Fall O Special Pre-PrimaryO	Continuing Report due Jan. 15,		
O Spring O Fall O Special Pre-Election O	Continuing Report du	e July 15,	
Ç	Continuing Report du	ue 4 th Tues Sept.,	
Name of Candidate or Committee (in full) 3249 West Bixt Address Daytime Phone	Board	Buy	
I certify that the above named committee or candidate did disbursements, or incur obligations during the period cover the same as previously reported. This report fulfills filing	ered by this report and	that the cash balance remains	
Signature of Committee Treasurer or Candidate	Date	Email Address	
Take & South	7-15-20		
ETHCF-2a Rev 01/2016 Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 Phone: 608-261-2028 Fax: 608-264-9319 Web: https://cfis.wi.gov Email: GABCFIS@wi.gov			

CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN				
_				Received
Is This Report an Amendment: Yes 🔀 No				80
Instructions for completing schedules are on the back	of each schedule.			JUL 15 2020 🚡
COMMITTEE IDENTIFICATION Name of Committee				The total
Friends of Chu for Supervis	ior		OT	SEICE REE ONLY
Street Address [633 E. Mason ST.			OF	FICE USE ONLY
City, State and Zip Code Green Bay W1 54302	-			
Please check if address is different than previously reported, and	complete the Campaign Reg	istration State	ement in the l	oack of this form.
NAME OF REPORT				
☐ January Continuing ☐ Pre-Primary ☐ Pre-Primary ☐ September Continuing ☐ Pre-Election ☐ Pre-El	Spring I	Fall	Special	Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND	Column A	Colu	mn B	
DISBURSEMENTS	This Period	Cale	ndar	
1. RECEIPTS		Year-T	o-Date	
1A. Contributions (Including Loans) from Individuals	s 400,0	\$ 7,66	4.69	
1B. Contributions from Committees (Transfers-In)	\$	\$		
1C. Other Income and Commercial Loans	\$	\$		
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 400.00	\$ 2,664.	68	
2. DISBURSEMENTS		•		
2A. Gross Expenditures	s 152.12	\$ 2,01	7.19	
2B. Contributions to Committees (Transfers-Out)	\$	\$		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 152.12	\$ 2,01	7.19	
CASH SUMMARY] ,
Cash Balance Beginning of Report	\$ 399.62			
Total Receipts	s 400.00			
Subtotal	\$ 799.62	1		
Total Disbursements	\$ 152,0	-		
CASH BALANCE END OF REPORT	\$ 647.50	2 12		
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$			
LOANS (Balance at the Close of This Period-3B)	\$			
I certify that I have examined this report and to the best of n	ny knowledge and belief it	is true, corre	ct and comp	lete.
	nature of Candidate or Treasurer	1	Date:	7-14-20

Email Jim hutchis egmail, COM Daytime Phone: 920 819 8015



SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

Page 1 of 2

Eriends of the Lew Supervisor

	ands at Chu test Soperviso			
Date Date	completing schedules are on the back of each sch Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
3-27-20	Patrick O'Heurn 4293 Wicold Or. areen Bay, W1 54311		50,00	50,00
	Check if: In-Kind Loan Conduit - Ethics ID#			
3-27-20	Creen o. 3		40,00	40,00
	Check if: CIn-Kind CLoan Conduit - Ethics ID#			
3-27.20	Jeff Benson 3672 Hallas Greek Rd Green Bay, WI 54313 Check it: @In-Kind @Loan@Conduit-Ethics ID#		40.00	40,40
3-27-20	Darry Johnson 240 Lazarre Ave. 6 reen Bay, w/ 54301 Check if: Cla-Kind Cloan Conduit - Ethics 10#		40. ^(x)	40,00
3-27-20	Andy Krans 941 Lawton Plo De Pere, Wt 54115 Check if: @In-Kind @Loan@Conduit-Ethics ID#		100.00	100.00
3-27-20	Sam Vainisi		40.00	40.00
3-27-20	Don Kraft 8 ZZ S. Clay ST Green Bay, W1 54301 Check if: [In-Kind [Loan] Conduit - Ethics ID#		40. w	40,00
	SUBTOTA	L ITEMIZED CONTRIBUTIONS THIS PAGE	s 350, w	350. w
		TOTAL ITEMIZED CONTRIBUTIONS	\$	
	TOTAL AND	NYMOUS CONTRIBUTIONS \$10 OR LESS	\$	

SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

Page \mathbb{Z} of \mathbb{Z}

Complete Comr	ds & Chu for Supervision			
Instructions fo	r completing schedules are on the back of each sc			
Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
	Nahara II telisa			
	LIUN LAVIDO CAN ST		(r)	85.00
3-27-20	Grand Ran W. C. C.		50.00	85,
	Debora HiteMison 1140 Living str St Grein Bay at 54311 Check if: [] In-Kind [] Loan [] Conduit - Ethics ID#			
	Check II. [2] III-Nind [2] Edan [2] Condaix - Edines 16#			alder = ,
			ì	
4		,		
	Check if: In-Kind Loan Conduit – Ethics ID#			
	Check if: CIn-Kind CLoan Conduit - Ethics ID#			
	Check II. [Chirking Check II. Chirch Inc.			
	Check if: In-Kind Loan Conduit - Ethics ID#			
	Check if: In-Kind Loan Conduit - Ethics ID#			
	Crieck II. [UIII-NIII] Loan Loan Loan Lines 15#		1.1.1.1.1	
	Check if: In-Kind Loan Conduit - Ethics ID#			
	Check if: In-Kind Loan Conduit - Ethics ID#			
			<70.00	95.60
	SUBTOTA	L ITEMIZED CONTRIBUTIONS THIS PAGE	s 50.00 s 460.00	
		TOTAL ITEMIZED CONTRIBUTIONS	-	
	TOTAL AND	NYMOUS CONTRIBUTIONS \$10 OR LESS	\$	

SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures

5 Page 1 of 1

Complete Comm			
	completing schedules are on the back of each schedule.		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
64-01-20	Face Book	Fees for FaceBook account activities	137.12
Thru	(Scharges)	account activities	(5%
04-14-00	Check if:		
M-12-90	Face Book (Scharges) Check if: In-Kind Offset North Shore Bank 1901 Main ST Cirean Bay, W1 5430Z Check if: In-Kind Offset	Bayl Fees	15,00
6-17-20	Check if: 1 In-Kind Offset		
	Check if: C In-Kind Offset		100 000 0000
	Check if:		
	Check if:		
	Check if:		
	Official II. Eq. III faile offices		
	Check if: 📋 In-Kind Offset		
	Check if:		
	SUB	TOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 152.12
		TOTAL ITEMIZED EXPENDITURES	\$
	End of Report	TOTAL UNITEMIZED EXPENDITURES	\$ 0
	a or report	TOTAL EXPENDITURES	s 2,017, A

i of 4

				01 (
The state of the s	N FINANCE REPORT			Received
Is This Report an Amendment:		\$ 111		
Instructions for completing schedules are on the ba	ick of each schedule.			2020 L
COMMITTEE IDENTIFICATION		My Co		
Name of Committee Norbert Danting				Sown Cours
Street Address 541 School Rd			OF	FICE USE ONLY
City, State and Zip Code LUXemburg WI 5421	7			
Please check if address is different than previously reported, a	nd complete the Campaign Reg	istration State	ment in the b	oack of this form.
NAME OF REPORT				
☐ January Continuing ☐ Pre-Primary ☐ September Continuing ☐ Pre-Election ☐ Pre-E		Fall :	Special	Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Colur Cale	ndar	
1. RECEIPTS	6/2	Year-T	o-Date	
1A. Contributions (Including Loans) from Individuals	\$ 110.00	\$ 224	19.45	
1B. Contributions from Committees (Transfers-In)	\$	\$		
1C. Other Income and Commercial Loans	\$ -	\$ -	•	
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 110.00	\$ 224	19.45	-
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 110.00	\$ 224	9.45	
2B. Contributions to Committees (Transfers-Out)	\$	\$ —		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 110.00	\$ 224	9.45	
CASH SUMMARY				
Cash Balance Beginning of Report	\$ 0			
Total Receipts	\$ 110.00			
Subtotal	\$ 110.00	_		
Total Disbursements	\$-110.00	_		
CASH BALANCE END OF REPORT	\$ O			
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0			
LOANS (Balance at the Close of This Period-3B)	\$ 0			
I certify that I have examined this report and to the best of	of my knowledge and belief it	is true, correc	ct and compl	ete.
	Signature of Candidate or Treasurer		Date:	

nadantinne Cyahor. com Daytime Phone: 920-371-7040

SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

Page 1 of 4

Complete Comp				
Instructions to	r completing schedules are on the back of each sci	podulo		
Date	Full Name, Mailing Address and Zip Code	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
	Of Contributor Notbert Dartinal S41 School Rd Luxemburg wit 5421 Check if: In-Kind I Loan Conduit - Ethics ID#	Project	#110.00	
	 Check if: ☐ In-Kind ☐ Loan☐ Conduit – Ethics ID#			
	Check if: ☐ in-Kind ☐ Loan⊟ Conduit – Ethics ID#			
	Check if: CIn-Kind CLoan Conduit – Ethics ID#			
	Check if: ☐ In-Kind ☐ Loan☐ Conduit Ethics ID#			
	Check if: In-Kind Loan Conduit – Ethics ID#			
	Check if: CIn-Kind CLoan Conduit - Ethics ID#			
	SUBTOTAL	ITEMIZED CONTRIBUTIONS THIS PAGE	s 110.00	
		TOTAL ITEMIZED CONTRIBUTIONS	\$ 110.00	
	TOTAL ANOI	NYMOUS CONTRIBUTIONS \$10 OR LESS	S	

SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures

Complete Committee Name Nat Part Dantinne	
Instructions for completing schedules are on the back of each schedule.	

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
3/27	Facebook Menlo Park CA Check if: I In-Kind Offset	Advertising on Facebook	\$25,0 6
3/31	Facebook mento Park CA Check if: [] In-Kind Offset	Advertising on Facebook	\$ 25.00
4/3	Facebook Menlo Park CA Check if: In-Kind Offset	Advertising on Facebook	\$25.00
4/21	Facebook Mento Park CA Check if: [] In-Kind Offset	Advertising on Facebook	34.94
	Check if: ☐ In-Kind Offset		
	Check if: [C] In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: 디 In-Kind Offset		
	SUB	TOTAL ITEMIZED EXPENDITURES THIS PAGE	s 110.00
		TOTAL ITEMIZED EXPENDITURES	\$ 110.00
		TOTAL UNITEMIZED EXPENDITURES	\$
		TOTAL EXPENDITURES	\$ 110.00

SCHEDULE 4

TERMINATION REQUEST



Complete Committee Name	
Norbert Dantinne	
houper Danimo	

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations, including settlement offers, fulfilled before termination can be granted. All records must be maintained until 3 years after the date of an election in which the registrant participates, even if termination is granted. (Per Wis. Stats. 11.0201(4), 11.0301(4), 11.0401(4), 11.0501(4), 11.0601(4), 11.0801(4), 11.0901(4))

DISPOSAL OF RESIDUAL FUNDS THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.			
Date	Recipient	Amount	
7-7-20	Noibert Darton	\$110.0	

LOAN OR DEBT FORG hereby forgive all personal	IVENESS loans or have assumed responsibility for any and all debts of my o	campaign committee.
Date	Endorser, Guarantor, or Creditor	Amount

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

Signature of Candidate or Treasurer

Date



Campaign Finance Report Short Form ETHCF-2a	mber				
O Spring O Fall O Special Pre-PrimaryO	O Spring O Fall O Special Pre-Primary O Continuing Report due Jan. 15,				
O Spring O Fall O Special Pre-Election 💥 O	Continuing Report du	ue July 15, <u>2020</u>			
pc	Continuing Report di	ue 4 th Tues Sept.,			
Friends of Todd Delain Name of Candidate or Committee (in full) 3838 Conard Road, New Franken, WI 54229 Address (920) 265-3834 Daytime Phone					
certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.					
Signature of Committee Treasurer or Candidate	Date	Email Address			
Call Dalan	7-1-20	friends of todd delain@gmail. com			
ETHCF-2a Rev D1/2016 Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 Phone: 608-261-2028 Fax: 608-264-9319 Web: https://cfis.wi.gov Email: GABCFIS@wi.gov					

	FINANCE REPORT			
LOCAL COMMI	Socolloo,			
Is This Report an Amendment: Yes	(2) m			
Instructions for completing schedules are on the back	Instructions for completing schedules are on the back of each schedule.			
COMMITTEE IDENTIFICATION			The mater	
Name of Committee Friends of Patrick	Evains		O. Brown Co.	
Street Address 1692 Nancy Ave.			OFFICE USE ONLY	
City, State and Zip Code Green Bay, WI 5430	3	9		
Please check if address is different than previously reported, and	complete the Campaign Reg	istration State	ment in the back of this form.	
NAME OF REPORT			10	
☐ January Continuing ☐ Pre-Primary ☐ July Continuing ☐ Pre-Election ☐ Pre-Electi	Spring F	fall [] S	Special Termination Report also complete Schedule 4	
SUMMARY OF RECEIPTS AND	Column A	Colun	nn B	
DISBURSEMENTS	This Period	Caler		
1. RECEIPTS		Year-To	o-Date	
1A. Contributions (Including Loans) from Individuals	\$ 0,00	\$ 0'0		
1B. Contributions from Committees (Transfers-In)	\$. 0.00	\$ 0,00		
1C. Other Income and Commercial Loans	\$ 4.65	34.9	3	
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 4.65	£39.83		
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 0'22	1	0.00	
2B. Contributions to Committees (Transfers-Out)	\$ 0,00	\$ 0.0	>	
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 0,00	\$ 5,000	٥,٥٠	
CASH SUMMARY				
Cash Balance Beginning of Report	\$ 2413.50			
Total Receipts	\$ 4.65			
Subtotal	\$ 2,418.15			
Total Disbursements	\$ 0,00			
CASH BALANCE END OF REPORT	\$ 2,418.15			
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0,00			
LOANS (Balance at the Close of This Period-3B)	\$ 30,000.00			
I certify that I have examined this report and to the best of n	y knowledge and belief it i	is true, correc	t and complete.	

Date: 07/10/2020 Type or Print Name of Candidate or Treasurer

Signature of Candidate or Treasurer

Email petnekevens and not Patrick M. Evans Daytime Phone: 930 494-5224 **SCHEDULE 1-A**

RECEIPTS Contributions (Including Loans) From Individuals

Complete Committee Name Friends of Patrick Evans

Instructions fo	r completing schedules are on the back of each sc			
Date	Full Name, Mailing Address and Zip Code	Occupation (if year-to-date total exceeds \$200)	Amount of	Y-T-D
			Contribution	Total
01/10/30	•	Interest on Compaign Account	4.65	39.23
	Check if: In-Kind Loan Conduit – Ethics ID#			
		,		
	Check if: In-Kind Loan Conduit – Ethics ID#			
	Check II: UIn-Kind ULoanU Conduit - Etnics ID#			
	Check if: In-Kind Loan Conduit – Ethics ID#			
	Check if: ☐ In-Kind ☐ Loan☐ Conduit – Ethics ID#			
	Check if: ☐ In-Kind ☐ Loan☐ Conduit – Ethics ID#			
	Check if: ☐ In-Kind ☐ Loan☐ Conduit – Ethics ID#			
	Check if: In-Kind Loan Conduit - Ethics ID#		26 5	**
		TENTED CONTRIBUTIONS THE DAGE	s 4.65	39-23

End of Report

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

TOTAL ITEMIZED CONTRIBUTIONS TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS



Campaign Finance Report Short Form ETHCF-2a	Ethics ID Nun	nber	
O Spring O Fall O Special Pre-PrimaryO	Continuing Report du	ie Jan. 15,	
O Spring O Fall O Special Pre-Election	Continuing Report du	ue July 15, <u>20</u> 20	
	Continuing Report d	ue 4 th Tues Sept.,	4 0
Name of Candidate or Committee (in full) Name of Candidate or Committee (in full) Address 212-365-7715 Daytime Phone	Hicles Apt. DR	De Ver, WI	54115
I certify that the above named committee or candidate did n disbursements, or incur obligations during the period cover the same as previously reported. This report fulfills filing re	ed by this report and	that the cash balance remains	
Signature of Committee Treasurer or Candidate	Date	Email Address	
Carry Dirk	6/30/2020	hicks for county	board regmoil com
ETHCF-2a Rev 01/2016 Government Accountability B		가입하다 사람들은 사람들이 되었다면 내가 되었다면 그 사람들이 되었다.	

Note: Use of this form is required by the Ethics Commission for reporting campaign finance activity. Completion of this form is mandatory for local committees. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.



Is this report an amendment?

				- 0'	
COMMITTEE IDENTI	FICATION		S.	Mo-Brown	
Committee Name		Friends of Emily Jacobson			
Mailing Address	15	53 Morrow St Green B	ay, WI 54302		
Email	emilydistrict5@gmail.com	Daytime Phone	920-2	88-2602	
FILING PERIOD					
			Report Year	2020	
				no	
	July 2020				
SUMMARY OF MON	ETARY RECEIPTS AND DISBUR	SEMENTS			
		This Period	Year-to-Date	Office Use Only	
	Beginning Cash On-Hand	\$ -			
1. Money Received (Receipts)					
1-A. Monetary Contrib	outions from Individuals	\$ -	\$ 130.00		
1-B. Monetary Contrib	utions from Committees (Transfers-In)	\$ -	\$ 258.72		
1-C. Other Income an	d Commercial Loans	\$ -	\$ 250.00		
	Total Monetary Receipts	\$ -	\$ 638.72		
2. Money S	pent (Disbursements)	**************************************			
2-A. Gross Monetary	Expenditures	\$ -			
2-B. Monetary Contrib	outions to Committees (Transfers-Out)	\$ -			
	Total Monetary Disbursements	\$ -	\$ 52.00		
	Ending Cash On-Hand	\$ -	586.72		
SUMMARY OF OUTS	STANDING DEBTS				
3-A. Incurred Obligation	ons (Unpaid Bills)	#REF!			
3-B. Outstanding Loan	n Balance	\$ -	250		

I certify that I have examined this report and to the best of my knowledge and belief, it is true, correct, and complete.

Emily Jacobson	Emily Jacobson	7/15/2020
Signature of the candidate or treasurer	Print Name	Date



Campaign Fin		Ethics ID Num	iber	
O Spring O Fall O Special	Pre-Primary O	Continuing Report du	e Jan. 15,	
O Spring O Fall O Special	Pre-Election O	Continuing Report du	e July 15, <u>202</u> 0	
	ρ	Continuing Report du	e 4 th Tues Sept.,	
Name of Candidate or Comm 2091 Address Daytime Phone		Suamica	WI. 5430	3
I certify that the above named c disbursements, or incur obligati the same as previously reported	ions during the period cover	ed by this report and	that the cash balance ren	
Signature of Committee Treas	surer or Candidate	Date	Email Address	/
Stop 1	Sepl	7-9-20	Lundfie 4	1 @ Netzeco. Not
ETHCF-2a Rev 01/2016 G Phone: 608-261-2028 Fa	overnment Accountability E ax: 608-264-9319 Web: <u>ht</u>			84

End of Report

	FINANCE REPORT			
Is This Report an Amendment:	No			Rece/Vo
Instructions for completing schedules are on the back	of each schedule.			SP 1111
COMMITTEE IDENTIFICATION				15 2020 ×
MOYNIHAI COMMITTEE FOR	RESPONSIBLE	GOVE	ENMENT	THE PROPERTY OF
Name of Committee MOYNIHAN COMMITTEE FOR Street Address Z444 BARCOCK ROAD City State and Zin Code			OF	FICE USE ONLY
ASHWAUBELLON, WISCONSIN	54313			
Please check if address is different than previously reported, and	complete the Campaign Reg	istration State	ment in the b	ack of this form.
NAME OF REPORT		engengkanjan fina helmilin order dengan de kannardi kepind		
☐ January Continuing ☐ Pre-Primary ☐ July Continuing Zo20 ☐ September Continuing ☐ Pre-Election ☐ Pre-Election	Spring F	fall S	Special	Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND	~ 1	~ .	_	
DISBURSEMENTS	Column A This Period	Colun Caler		
1. RECEIPTS		Year-To	o-Date	
1A. Contributions (Including Loans) from Individuals	\$ 75.00	\$ 3,68	80 00	
1B. Contributions from Committees (Transfers-In)	\$	\$ 10	00.00	
1C. Other Income and Commercial Loans	\$.60	\$.90	
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 75.60	\$ 3,78	30.90	
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 1,643.96	\$ 2,51	10.16	
2B. Contributions to Committees (Transfers-Out)	\$	\$ -	_	
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 1,643.96	\$2,51	0.16	
CASH SUMMARY				
Cash Balance Beginning of Report	\$ 2,924.10			
Total Receipts	\$ 75.60			
Subtotal	\$2,999.70			
Total Disbursements	\$1,643.96			
CASH BALANCE END OF REPORT	\$ 1,355.74			
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$			
LOANS (Balance at the Close of This Period-3B)	\$			

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer	Signature of Candidate on Tleasurer	Date: 07/15/20
PATRICK W. MOUNIHAN, IR.	Email Patrickmounthanice	Daytime Phone: 920. 492-2307
	901A	1L.com

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.

SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

Page _ t _ of _ t

Complete Com	JIHAN COMMITTEE F	OR RESPONSIBLE 6	overvmer	_
Instructions for Date	completing schedules are on the back of each sci Full Name, Mailing Address and Zip Code	nedule. Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
05/07	JOHN S. VANDER LEST		25.00	75.00
20	JOHN S. VANDER LEST 1625 VERNON CT GREEN BAY, WI 54304			
	Check if: CIn-Kind CLoan Conduit - Ethics ID#			
	Check if: [] In-Kind [] Loan[] Conduit – Ethics ID#			
	Check if: In-Kind Loan Conduit - Ethics ID#			

	Check if: [In-Kind [Loan Conduit – Ethics ID#			
	Check if: CIn-Kind CLoan Conduit - Ethics ID#			
	Check if: [] In-Kind [] Loan[] Conduit – Ethics ID#			
	Check if: In-Kind Loan Conduit Ethics ID#		2500	76 00
	SUBTOTAL	ITEMIZED CONTRIBUTIONS THIS PAGE TOTAL ITEMIZED CONTRIBUTIONS	\$ 25.00	75.22
	TOTAL ANO	NYMOUS CONTRIBUTIONS \$10 OR LESS	s —	
		BUTIONS RECEIVED FROM INDIVIDUALS	s 25.00	75.00

SCHEDULE 1-B

RECEIPTS Contributions from Committees (Transfers-In)

Complete Committee Name

MOYNIHAN COMMITTEE FOR RESPONSIBLE GOVERNMENT

Instructions for completing schedules are on the back of each schedule.

Date	Full Name of Committee, Mailing Address and Zip Code	Amount of Contribution
03/12 20	DAVID STEFFEN #0105539 STEFFEN FOR WISCONSIN 715 OLIVE TREE CT Check if: [] In-Kind [] Loan GREEN BAY, WI 54304	\$50.00
	Check if: [] In-Kind [] Loan	
	Check if: [c] In-Kind [c] Loan	
	Check if:	10000
	Check if: [] In-Kind [] Loan	
	Check if: In-Kind Loan	
	Check if: In-Kind Loan	
	Check if:	
	Check if: In-Kind SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE	\$ 50.00
	TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES	\$50.50

RECEIPTS Other Income and Commercial Loans

Page 1 of 1

MOYNIHAN COMMITTEE FOR RESPONSIBLE CONFROMENT

	or completing schedules are on the back of each sched		
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
20	NICOLET NATIONAL BANK IN N. WASHINGTON ST GREENBAY, WI 54301	CAMPAIGN CHECKING ACCOUNT INTEREST	.12
20/28	NICOLET NATIONAL BANK 111 H. KLASHINGTON ST GREEN BAY, WI SUZOI	CAMPAIGN CHECKING ACCOUNT INTEREST	, 1/
03/31	NICOLET NATIONAL BANK 111 N. WASHINGTON ST GLEEN BAY, WI SUBU	CAMPAIGN CHECKING ACCOUNT INTEREST	. 13
20	NICOLET NATIONAL BANK III N. WASHINGTON ST GREEN BAY, W 54301	CAMPAIGN CHECKING ACCOUNT INTEREST	, 11
05/29	NICOLET NATIONAL BANK 111 N. WASHINGTON ST GREEN BAY, WI 54301	CAMPAIGN CHECKING ACEOUNT INTEREST	,08
20	NICOLET NATIONAL BANK 111 N. WASHINGTON ST EREEN BAY, WI 54301	CAMPAIGN CHECKING ACCOUNT INTEREST	که.
			i de la companya de
			(- ()

SUBTOTAL OTHER INCOME THIS PAGE \$.60

TOTAL ITEMIZED OTHER INCOME \$.60

TOTAL OTHER INCOME \$

SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.	

Instructions for	completing schedules are on the back of each schedule.		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
20	KUEHN PRINTING LLC YOL N. QUINCY ST GREEN BAY, WI SY301 Check if: [] In-Kind Offset	BUSINESS/CAMPAIGN CARDS	116.00
20	KUEHN PRINTING LLC 401 N. QUINCY ST GREEN BAY, WI 54301 Check if: [In-Kind Offset	Nomination PAPERS COPIES	47.48
20	DIGICOPY All E. WALPYT ST CREEN BAYIWI 54301 Check if: [] In-Kind Offset	COPIES	20.58
04/15 20	United STATES POSTAL SERVICE 790 HANSEN RD GROEN BAY, WI 54304 Check if: [] In-Kind Offset	POSTAGE	33. °°
20	UNITED STATES POSTAL SERVICE 790 HANSON RD 6RED BAY, WI 54304 Check if: In In-Kind Offset	p-3 /-	´44.00
05/11	KUEHN PRINTING LLC 401 N. QUINCY ST CREEN BAY, WI S4301 Check if: [7] In-Kind Offset	LETTERHEAD/ENVELOPES POSTAGE	1,13هـ18
06/02	REPUBLICAN PARTY OF BLUEN COUNTY, 1915 S. WEBSTER AVE ALLOUEZ, WI 54301 Check if: [] In-Kind Offset	CAMPAIGN BUTTOUS	75-00
20	UNITED STATES POSTAL SERVICE 790 HAUSON AD GREEN BAYINI 54304 Check if: [] In-Kind Offset	POSTAGE	44.00
	SUB	TOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 1,516.24 \$ 1,516.24
		TOTAL ITEMIZED EXPENDITURES	s 1,516.24
		TOTAL UNITEMIZED EXPENDITURES	s 1,516.24
		TOTAL EXPENDITURES	\$ 1,516.29

DISBURSEMENTS Gross Expenditures

Complete Committee Name
MOYNIHAN COMMITTEE FOR RESPONSIBLE GOVERNMENT

Instructions for	completing schedules are on the back of each schedule.		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
20	DIGICOPY ZII E. WALNUT ST GREEN BAYIW! SY301 Check If: [] In-Kind Offset	COPIES	61.72
20	Check IF: In-Kind Offset UNITED STATES POSTAL SERVICE 790 HANSON ROAD CREENBAY, WI SYBOY Check IF: In-Kind Offset	pastagE	66.00
	Check if: □ In-Kind Offset		
	Check if: C In-Kind Offset		
	Check if: E In-Kind Offset		
	Check if: E In-Kind Offset		
	Check if: In-Kind Offset Check if: In-Kind Offset		
		TOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 127.72 \$ 127.72
		TOTAL ITEMIZED EXPENDITURES	s 127.72
		TOTAL UNITEMIZED EXPENDITURES	\$ 127.72
		TOTAL EXPENDITURES	\$ 121.10

SCHEDULE 2-B

DISBURSEMENTS Contributions To Committees (Transfers-Out)

Page _ _ of _ _ 1

Complete Committee Name	FOR PEST	PONSIBLE	COUERNMENT
· · · / INITIAL		~~~	

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
	Check if: [] In-Kind [] Loan		
	Check if: [] In-Kind [] Loan		
	Check II: Li III-kind Li Loan		
	Check if: 🖂 In-Kind 🖸 Loan		
	Check if: In-Kind Loan		
	Check if: [] In-Kind [] Loan		
	Check if: 🖸 Jn-Kind 📋 Loan		
	Check if: [In-Kind [Loan		
	Check if: [In-Kind [Loan		
	ORGAN, LI MPANIA LI COM		
	Check if: [In-Kind		
	SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE	\$	
	SOUTH THE SOUTH THE PROPERTY THE PAGE	7	

SCHEDULE 3-A

Incurred Obligations Excluding Loans ADDITIONAL DISCLOSURE

Page <u>\ \</u> of <u>\ \</u>

		RECOV	ASIRIE /	1-0	10000	
Complete Committee Name MOYNIHANI COMMITTEE FOR RESPONSIBLE GOVERNMENT						
Instructions	for completing schedules are on the back of each	schedule.				
		Outstanding Balance Beginning This Period	New Obligations or Additions This Period		tive Payments is Period	Outstanding Balance At Close of This Period
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1	NA	Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					June 1997
1 1						
		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1						
		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor	· · · · · · · · · · · · · · · · · · ·		w *****		T
1 1		Note of Data (Data (Data)				
		Nature of Debt (Purpose)				
		SUBTOTAL ITEMIZE	D OBLIGATIONS THIS	PAGE	\$	
		тот	AL ITEMIZED OBLIGA	TIONS	\$, page 1, page
		TOTAL UNITEMIZED	OBLIGATIONS \$20 OF	RLESS	\$	
		TOTA	A INCHEREN ORLIGA	TIONS	¢	

SCHEDULE 3-B

Loans Individual, Committee or Commercial ADDITIONAL DISCLOSURE

	1		- 1
Page _	<u> </u>	_ of _	

Complete Committee Name COMMITTEE FOR RESPONSIBLE GOUGHD MENT

Instructions for completing schedules are on the ba-	ck of each schedule.						
Full Name, Mailing Address and Zip Code Date		Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period		
I = I							
List All Endorsers or Guarantors (if any)							
Full Name, Mailing Address and Zip Code	Occupation						
of Guarantor							
	Amount Guarante	ed Outstanding			· · · · · · · · · · · · · · · · · · ·		
Full Name, Mailing Address and Zip Code of Guarantor	Occupation	Occupation					
or Guarantor	Amount Guarante	ed Outstanding					
Full Name, Mailing Address and Zip Code	e of Loan Soulce	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period		
/ /			L. Commission of the Commissio				
List All Endorsers or Guarantors (if any)							
Full Name, Mailing Address and Zip Code of Guarantor	Occupation						
or Guarantor	Amount Guarante	eed Outstanding					
	\$						
Full Name, Mailing Address and Zip Code of Guarantor	Occupation	Occupation					
	Amount Guarante	eed Outstanding					
		Outstanding	I	Cumulative	Outstanding		
Full Name, Mailing Address and Zip Cod	e of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Payments This Period	Obligations End of This Period		
Date / /							
List All Endorsers or Guarantors (if any)				vincian			
Full Name, Mailing Address and Zip Code of Guarantor	Amount Guarant	eed Outstanding					
	\$	•					
Full Name, Mailing Address and Zip Code of Guarantor	Occupation	Occupation					
or Cauramor	Amount Guarant	Amount Guaranteed Outstanding					
	\$						
A Marie Company of the Company of th			ITCTANDING LOA	NE TUIS DAGE	· ·		
			JTSTANDING LOA	WO INIO PAGE	\$		

Received Soon County Cost.

Campaign Finance Report Short Form ETHCF-2a	Ethics ID Number			
O Spring O Fall O Special Pre-Primary O Continuing Report due Jan. 15, O Spring O Fall O Special Pre-Election Continuing Report due July 15, 2000				
	Continuing Report due 4th Tues Sept.,			
William Joseph Peres Jr. Name of Candidate or Committee In full) 233 N. Asham Aver Creen Bay, WJ 54303 Address QD-461-2847 Daytime Phone				
I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.				
Signature of Committee Treasurer or Candidate	Date Email Address 6/8/200 William josephic @ icloudica			
ETHCF-2a Rev 01/2016 Government Accountability Board, P.O. Box 7984, Madison, WI 53/07-7984 Phone: 608-261-2028 Fax: 608-264-9319 Web: https://cfis.wi.gov Email: GABCFIS@wi.gov				

End of Report

Pecelver JUL 15 2020 5

Campaign Finance Report Short Form ETHCF-2a	Ethics ID Numb	er		
O Spring O Fall O Special Pre-PrimaryO	Continuing Report due I	Jan. 15,		
O Spring O Fall O Special Pre-Election	Continuing Report due	July 15, 2020		
0	Continuing Report due	4 th Tues Sept.,		
Citizens for Seben				
Name of Candidate or Committee (in full) 4150 Masky Care Green Bay W& S431				
Address 920.680. 6366				
Daytime Phone				
I certify that the above named committee or candidate did disbursements, or incur obligations during the period cove the same as previously reported. This report fulfills filing	red by this report and the	at the cash balance remains		
Signature of Committee Treasurer or Candidate		Email Address		
Ma gl	7-15-2020	Cilizens for Siebe a Gravil. con		
ETHCF-2a Rev 01/2016 Government Accountability]	Board, P.O. Box 7984, N	Madison, WI 53707-7984		

Phone: 608-261-2028 | Fax: 608-264-9319 | Web: https://cfis.wi.gov | Email: GABCFIS@wi.gov

Campaign Fir	anno Dan - 4	- toler-up	Ed.: ID.	·
Short Form	ETHCF-2a		Ethics ID No	ımber
	DITTO! Zu			
ρ Spring ρ Fall ρ Special	Pre-Primary	ρс	ontinuing Report	due Jan. 15,
ρ Spring ρ Fall ρ Special	Pre-Election			due July 15, 2020
		ρc	ontinuing Report	lue 4th Tues Sept.,
The of Canadate of Commit	Luch Ab		,	Recutive
205 Mirunar Dr.				
920 448 4001				
Daytime Phone				
I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.				
Signature of Committee Treasu	rer or Candidate		Date / /	Email Address
	HOW		115/2020	
ETHCF-2a Rev 01/2016 Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 Phone: 608-261-2028 Fax: 608-264-9319 Wolve burget//Fig.				
Phone: 608-261-2028 Fax: 608-264-9319 Web: https://efis.wi.gov Email: GABCFIS@wi.gov				
				3133

Short Form for use "No Activity" Reporting

End of Report



Campaign Finance Report Short Form ETHCF-2a	Ethics ID Number			
ρ Spring ρ Fall ρ Special Pre-Primary ρ	ontinuing Report due Jan. 15,			
00:00	ontinuing Report due July 15, 2020			
ρο	ontinuing Report due 4th Tues Sept.,			
riends of Vandor	Leest			
Name of Candidate or Committee (in foll), L6/16 9th Street Green BAY, WI 54304				
020 -448-4179				
Dalytime Phone				
I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report folials filing requirements under Sec. 11.0103(3)(d), Stats.				
	Date Email Address			
DM /anda Lest	7-15-2020 Vanderloox @ 6 tasi com			
EIT CF-2a Rev 0/2016 Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 Phone: 608-261-2028 Fax: 608-264-9319 Web: https://cfis.wi.gov Email: GABCFIS@wi.gov				

Short Form for use "No Activity" Reporting

End of Report